

Vendor Information Request

Dear Valued Supplier

In order to ensure accuracy of your business information entered in our systems, please complete the following information (in English) for our records:

- Purchase Order:** Details for the location that will receive the *Purchase Order*
 Invoice: Details for the location that will send the *Invoice*
 Combined: *Invoice* details are the same as the *Purchase Order* details.

General Information

Company Name: _____
Industry: _____
Street Address: _____
City: _____ Postal Code: _____
Country: _____
Postal Address: _____ City: _____ Postal Code: _____
Contact Person: _____
Telephone: _____ Fax: _____
Email: _____
VAT Number: _____ Currency: _____
Withholding Tax: _____

Natural Person Details

Complete only if the vendor is a natural person

Tax Code 1: _____ Tax Code 2: _____
Date of Birth: _____ Place of Birth: _____
Sex: Male Female Profession: _____

Banking Details

Alternatively include a copy of your bank details on company letterhead

Account Number: _____
Account Holder Name: _____
Bank Name: _____
Bank Address: _____
City: _____ Postal Code: _____
IBAN Code: _____
Swift/BLZ/Sort code: _____
Intermediary Bank: Please attach full and complete details including vendor authorization of an associated
(If Required) intermediary bank. All fields shown above should be included.

Vendor Authority

Company Stamp: _____ **Signed:** _____
Print Name: _____

Please return this completed form by fax or email, including any additional required information, directly to your Lawter BVBA contact.

Lawter Associate to Complete (Optional)

Vendor request #: _____ Company Code: _____
Existing Vendor #: _____ Plant: _____
Product to be purchased: _____
Account Group: _____ Purchasing Group: _____
Req. Department: _____ Payment Terms: 60 days end of month
_____ Incoterms: DDP Kallo